

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30402

State File No.

FILED OCT 18 1941

1003

Registrar's No.

7741

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20  
17  
9

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 406 Central Pl.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES LANGLEY McQUIE

3. (b) If veteran, name war no 3. (c) Social Security No. unk.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Delphene 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 2 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wellsville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Kirkwood Bldg. Loan

12. Name Robert E. McQuie

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Quie

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan McQuie

(b) Address Montgomery City, Mo.

17. (a) Burial (b) Date thereof 9-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Albert N. Stoppel

(b) Address 4700 Washington Blvd.

19. (a) 20 1941 (b) J. B. Bedeck  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept 15  
1927, to Sept 24 1941  
that I last saw him alive on Sept 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of intestine and lungs  
primary in intestine  
Due to Ulcerative colitis  
Duration 3 mo.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H&E

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy as above  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Albert E. Tansig (M. D. or other) MD  
Address 4500 Olive St. Date signed 9/25/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Robert H. Haggel*

Licensed Embalmer No. *1861*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**